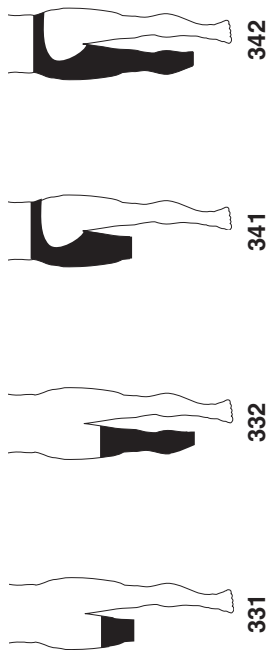


Form F-032 - For Use With Paper Tapes



Please refer to our current price list for a description of these items

Purchase Order No	Date	Filter's Phone No.
Ordered by		Patient
Street		Age
City	State	Zip
Filter	City	State
	Zip	Zip

HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

Sex: M F

REQUIRED Allergies:

Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

WAIST LENGTH SUPPORTS - NOT SHOWN

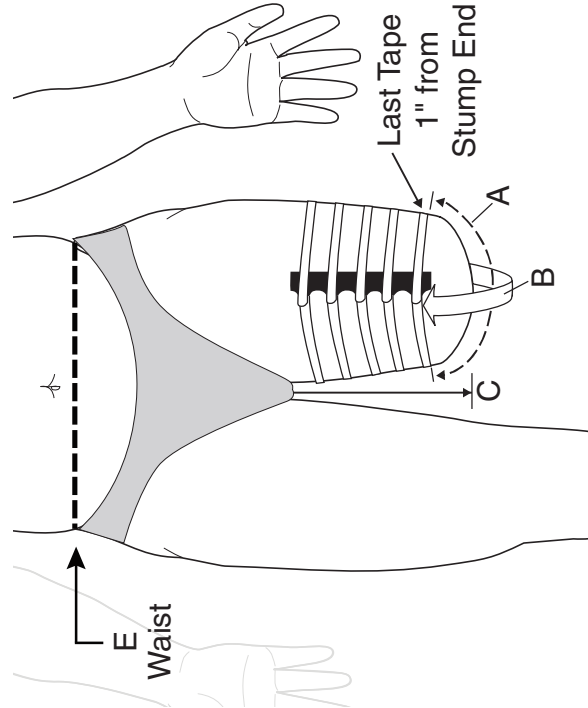
See Form F-029

OPTIONS & EXTRAS:

- **Zipper:** Inside (or) Outside | Open (or) Closed
- **Garment Color No:** _____
- **Reinforcement:** Knee Front | Knee Back | Inner Thigh
- **Flex/Contracture Seam:** Knee Back
- **Elastic Band:** Regular 1" 2" (or) Silicone 1" 2" (or) Microdot 2"
- **Other Option(s):** _____

INDICATIONS:

- 20-30 mm Hg:** Varicose veins (mild), arterial insufficiency with venous insufficiency. Burns — prevention of hypertrophic scars.
 - 30-40 mm Hg:** Varicose veins (moderate), assist fluid return, leg fatigue, stasis dermatitis, postphlebitic syndrome, post surgical stripping of sclerosing, postfracture edema, prophylactic treatment of edema and phlebitis, lymphedema (moderate).
 - 40-50 mm Hg:** Chronic venous insufficiency, stasis dermatitis (severe), lymphedema (severe), chronic venous insufficiency (severe), orthostatic hypotension (moderate).
- Contraindications:** Non-ambulatory use, severe arterial insufficiency, cutaneous infection, acute hypodermatitis, wet dermatitis.



A	Medial to Lateral (Inside to Outside)
B	Anterior to Posterior (Front to Back)
C	Inseam / Length of Stump
E	Girth at Waist

Measurements (below) from Straight Edge of Blue Spine in: (check one) Inches Centimeters

7½	6	4½	3	1½	0	1½	3	4½	6	7½	9	10½	12	13½	15	16½	18	19½	21	22½	24	25½	27	28½	30	31½	33	34½	36
LEFT																													